

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 54 4 1 2

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64				2		
15							65				2		
16							66			1			
17							67				1		
18							68				1		
19							69				1		
20							70			1			
21							71				1		
22							72				1		
23							73				3		
24							74				3		
25							75				3		
26							76				3		
27							77				3		
28							78				3		
29							79				3		
30							80				3		
31							81				3		
32							82				3		
33							83				3		
34							84				3		
35							85				3		
36							86				3		
37							87				3		
38							88				3		
39							89				3		
40							90				3		
41							91				3		
42							92				3		
43							93				3		
44							94				3		
45							95				3		
46							96				3		
47							97				3		
48							98				3		
49							99				3		
50							100				3		
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	52	←		←
TOTAL CLAIMS							TOTAL CLAIMS			60			